Gary E. Beck, Jr.
Building Inspector

THE CITY OF POUGHKEEPSIE
NEW YORK
BUILDING PLANNING & ZONING

62 CIVIC CENTER PLAZA, 2ND FLOOR
POUGHKEEPSIE, NY 12601
Phone: (845) 451-4007 Fax: (845) 451-4006

REQUIREMENTS FOR STUDENT RESIDENCE
(Please read carefully. Incomplete applications will be rejected.)

Application for student residence shall be made on a form provided by the Building Inspector (see the attached application form). Every application will be reviewed for compliance with the provisions of the Zoning Ordinance applicable to the proposed student residence and the zoning district in which the subject property is located. In order to enable this review, the following information is required to be submitted with the application:

1. A plot plan, drawn to scale and signed and dated by the person responsible for such drawing, showing the manner in which the land is proposed to be used (including location of any buildings and all accessory uses, such as off-street parking); and,
2. Address of any municipal parking facility within 1320 feet of the property; and/or,
3. Address of any private parking facility proposed to be utilized and a copy of the lease; and,
4. A $150.00 application fee.

Complete applications will be reviewed for compliance with the applicable provisions of the Zoning Ordinance. If the proposed student residence does not comply with these requirements, the application will be denied. Any terms of denial could be appealed to the Zoning Board of Appeals. If the proposed student residence complies with the Zoning Ordinance, the next step is the filing of a request for inspection. An inspection will be scheduled to determine compliance with other applicable codes, such as the Minimum Housing Standards Ordinance, the Multiple Residence Law and the Property Maintenance Code.

Upon approval of the student residence, the owner must file a registration form with the following information: Address of student residence, owner's name and home address, owner's home phone and/or 24 hour emergency phone number, name, address and 24 hour emergency phone number of the property manager, if any, number of dwelling units in building, number of dwelling units occupied as student residences and the individual unit number, if applicable, number of off-street parking spaces provided, number of persons occupying each unit, names of person occupying each unit and name of college attending, primary phone number for student residence, if available, individual phone numbers for persons occupying residence, if available.

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APPLICATION#
ID#

FEE: $150.00
CODE: BLAP

STUDENT RESIDENCE APPLICATION

(Type or print neatly. Illegible applications will be rejected.)

ADDRESS: _____

APPLICANT: _____

APPLICANT'S ADDRESS: _____
(zip code)

APPLICANT'S PHONE#: _____

OWNER (If not applicant): _____
(If the applicant is not the owner, a letter of authorization from the owner **MUST** accompany this application.)

ZONING DISTRICT: _____

EXISTING USE: ☐ Single Family Dwelling ☐ Two Family Dwelling
☐ Three Family Dwelling ☐ Four Family Dwelling

NUMBER OF UNITS TO BE UTILIZED AS STUDENT RESIDENCE: _____

NUMBER OF BEDROOMS PER UNIT: Unit 1: _____ Unit 2: _____
Unit 3: _____ Unit 4: _____

NUMBER OF REQUIRED OFF-STREET PARKING SPACES: _____ **x 1 =** _____
(# bdrms)

NUMBER OF OFF-STREET PARKING SPACES PROVIDED: _____

PARKING WAIVER REQUESTED: ☐ Yes ☐ No
If a waiver is requested, is municipal parking available within 1320 feet? ☐ Yes ☐ No
If yes, state location of municipal facility: _____
If a private parking facility is to be utilized, state the location of the facility, the name of the owner, the number of spaces in the lot, the number of spaces available for lease, and the length of lease (A copy of the lease must be attached): _____
_____

APPLICANT'S CERTIFICATION:

_____ _____
Applicant's signature Date

FOR OFFICE USE ONLY

PROPOSAL CONFORMS WITH ZONING ORDINANCE: ☐ Yes ☐ No
INSPECTION COMPLETED: ☐ Yes ☐ No (If yes, provide date of inspection: _____)
PROPERTY COMPLIES WITH APPLICABLE STATE AND LOCAL CODES: ☐ Yes ☐ No
(IF NO, A REINSPECTION IS REQUIRED TO VERIFY CODE COMPLIANCE FOLLOWING REPAIRS)
COMPLIANCE VERIFIED ON REINPSECTION: ☐ Yes ☐ No (Date of inspection: _____)

_____ _____
Building Inspector/Zoning Administrator Date